

Nebraska Advantage Rural Development Act Application

for Livestock Modernization Projects

Livestock Production applicants must use the L1L2 Application.

NAME AND LOCATION ADDRESS				NAME AND MAILING ADDRESS			
(PRINT CLEARLY)	Legal Name of Applicant			Name			
	Street Address (Do not use P.O. Box)			Street or Other Mailing Address			
	City	State	Zip Code	City	State	Zip Code	

1 A Attach check for \$500 application fee.

1 B Employee Verification

- a** Will the applicant have any employees at the Livestock Modernization project? ☐ YES ☐ NO
- i** If the answer is YES, complete all employee verification questions.
- ii** If the answer is NO, continue with question 2.
- b** Is the taxpayer registered for E-Verify, the federal electronic verification program used to confirm whether employees are authorized to work in the United States? ☐ YES ☐ NO
- c** If YES, do you agree to use E-Verify for employees hired in Nebraska after the date of application? ☐ YES ☐ NO
- d** If the answer to question 1B(b) or 1B(c) is NO, do not complete the rest of the application because you are not eligible to apply for this Nebraska tax incentive program.
- e** Print out the "Company Information" from the E-Verify program and include it as an attachment.

2 Exact name of applicant and any other entities, including disregarded entities, to be part of the project

A	Entity Name	Entity Type	FEIN	NE Income Tax ID No.
1				
2				
3				
4				

(If you need more room, attach a schedule)

B If each entity in 2A is not included on the Affiliations Schedule, Form 851, attached as part of item 8, provide an explanation of how the entities are related to each other.

C What is the applicant's tax year end? _____ If it does not agree with the copy of the tax return provided in item 8 below, provide an explanation.

3 Describe the applicant's business:

A Narrative:

B Type of Livestock: _____

C Federal Principal Business Activity Code: _____

Federal Business Activity Title: _____

4 Project definition

A Project location(s)

	Address (Street, City)	County	Enterprise Zone (Y or N)
1			
2			
3			
4			
5			

FOR NDR USE ONLY

	Complete	Incomplete
1A		
1B		
2A		
2B		
2C		
3A		
3B		
3C		
4A		

APPLICATION (cont'd.)

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		Complete	Incomplete										
B	Explanation of how applicant intends to satisfy the chosen levels:	4B											
C	Expected Benefits (see Calculation Tips) ATTACH a copy of completed Worksheet LM, provided in the Calculation Tips. The total estimated credits cannot exceed \$30,000. Investment a Expected investment increase _____ b Expected investment credits _____ <i>May not exceed \$30,000</i> If item 5, 6, 7, or 8 is not available, indicate why the document is not available. If a reorganization occurred since the previous tax year, provide copies of the documents for the previous entity(ies) and a written explanation. 5 Attach copy of most recent financial statements (check each attached): <input type="checkbox"/> Audited financial report, including opinion letter <input type="checkbox"/> Unaudited financial statements 6 Enclose copy of most recent federal income tax filing. Include copy of first 5 pages, schedules supporting the first 5 pages, Affiliations Schedule (Form 851), and a copy of each Shareholder's Share of Income Credits, Deductions, etc. (Schedule K-1). If the applicant is a sole proprietorship, provide a copy of the Profit or Loss from Business (Schedule C) or the Profit or Loss from Farming (Schedule F). 7 Enclose copy of most recent Nebraska income tax return. Are all entities listed in item 2 on page 1 included in one unitary NE tax return? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, explain why: _____ Explain any difference between taxable income per the federal return and the amount reported to Nebraska: _____ 8 Enclose copy of most recent Nebraska Reconciliation of Income Tax Withheld, Form W-3N. 9 Nebraska sales and use tax number for each entity listed in item 2 on page 1 (if not licensed, attach a copy of the Nebraska Tax Application, Form 20, and proof of date submitted): <table border="1"> <thead> <tr> <th>Entity Name</th> <th>Sales/Use Tax ID No.</th> </tr> </thead> <tbody> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> </tbody> </table> (If you need more room, attach a schedule)	Entity Name	Sales/Use Tax ID No.	1		2		3		4		4C	
Entity Name	Sales/Use Tax ID No.												
1													
2													
3													
4													
		5											
		6											
		7											
		8											
		9											

10 E-MAIL. If you allow the department to contact you by e-mail, you accept any risk of loss of confidentiality associated with this method of communication.

AUTHORIZED SIGNATURE. This application must be signed by the owner/taxpayer, partner, member, corporate officer, or other individual authorized to sign by a power of attorney on file with the department.

sign here	Authorized Signature _____	Telephone Number _____	Please print your name _____
	Title (See Instructions) _____		E-mail Address _____
	Street or Other Mailing Address _____		City, State, Zip Code _____

Mail this application and payment (checks payable to "Nebraska Department of Revenue") to:
NEBRASKA DEPARTMENT OF REVENUE, 301 CENTENNIAL MALL SOUTH, PO BOX 98944, LINCOLN NE 68509-8944